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# JOINT COUNCIL OF MIDWIFERY

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# Interim Report

OF THE

# Committee of Enquiry into Non-Therapeutic Abortion

APRIL, 1937.

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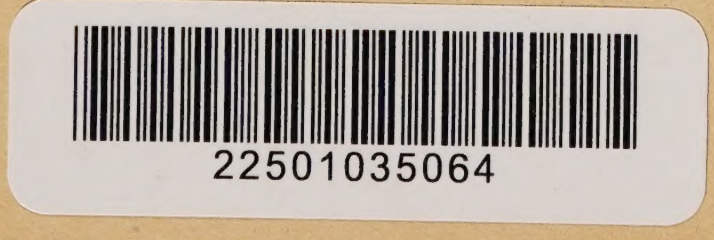

# INTERIM REPORT

*of the*

# COMMITTEE OF ENQUIRY

# INTO NON-THERAPEUTIC ABORTION

*set up by*

# THE JOINT COUNCIL OF MIDWIFERY

*on*

*October 14th, 1936.*

## TERMS OF REFERENCE:

To enquire into the incidence in different areas of abortion induced for non-medical reasons, and to consider what practical steps can be taken within the framework of the existing law, or by further legislation, to combat this practice.

# LIST OF MEMBERS OF COMMITTEE.

*Representing the British College of Obstetricians and Gynæcologists.*

*T. Watts Eden, Esq., M.D., F.R.C.P., F.R.C.S. (Edin.), F.C.O.G. (Chairman).
*Sir Ewen Maclean, M.D., D.SC. (HON.), M.CH., LL.D. (Edin.), F.A.C.S. (HON.), F.R.C.S. (Edin.), P.C.O.G.
*L. C. Rivett, Esq., F.R.C.S., L.R.C.P., F.C.O.G.

*Representing the British Medical Association.*

†*Professor James Young, D.S.O., M.D., F.R.C.S. (Edin.), F.C.O.G. (Vice-Chairman).
*Dame Louise McIlroy, M.D., D.SC., F.C.O.G.
*W. H. F. Oxley, Esq., M.R.C.S., L.R.C.P., F.C.O.G.

*Representing the Association of County Medical Officers of Health.*

*R. D. Smedley, Esq., M.A., M.D., D.P.H.

*Representing the Society of Medical Officers of Health.*

*J. J. Buchan, Esq., M.D., D.P.H.
James Fenton, Esq., M.D., M.R.C.P., D.P.H.

*Representing the Medico-Legal Society.*

W. Bentley Purchase, Esq., M.C., M.A., M.B.

*Representing the College of Nursing.*

*Miss E. M. Doubleday, S.R.N., S.C.M.

*Representing the Association of Inspectors of Midwives.*

*Miss M. Coleman, S.R.N., S.C.M.

*Representing the Midwives' Institute.*

*Miss E. M. Pye, S.R.N., S.C.M.
*Mrs. F. R. Mitchell, S.C.M.

*Representing the Queen's Institute of District Nursing.*

*Sir William Hale-White, K.B.E., M.D., F.R.C.P.
*Miss M. Wilmshurst, S.R.N., S.C.M.

*Representing the County Councils Association.*

Miss K. J. Stephenson, C.B.E.

*Representing the National Birthday Trust Fund.*

*Sir Julien Cahn, Bart.
*Lady Williams, D.B.E. (Hon. Secretary).

*Representing the National Council of Women of Great Britain.*

The Lady Ruth Balfour, M.B., B.S.

*Representing the Pharmaceutical Society of Great Britain.*

Hugh Linstead, Esq., PH.C. (Barrister-at-Law).

*Independent Members.*

*Sir Comyns Berkeley, M.A., M.D., M.C. (Cantab.), F.R.C.P., F.R.C.S., M.M.S.A. (HON.), F.C.O.G. (Chairman of the Central Midwives Board).
M. R. K. Burge, Esq. (Director of London Office, International Labour Office, League of Nations).
Miss G. B. Carter, B.SC. (Econ.), S.R.N., S.C.M. (Research Secretary to the Committee).
Sir Leonard Dunning, Bart., Lately of H.M. Inspectors of Constabulary (England
Arthur Moon, Esq., K.C. [and Wales.
*J. M. Newnham, Esq., O.B.E., LL.D. (Town Clerk of Croydon, Surrey).
James M. Webster, Esq., M.A., B.SC., M.B., CH.B., F.R.C.S. (Edin).

*Secretaries :—*

Miss D. V. Riddick. Miss P. Meyer.

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*Member of the Joint Council of Midwifery.
†Chairman, British Medical Association Committee on the Medical Aspects of Abortion, 1936.

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# PART I

## 1. ORGANISATIONS AND INDIVIDUALS CO-OPERATING IN THE ENQUIRY

(1) *Constituent Bodies which are co-operating in the work of the Enquiry.*

Eight of the Constituent Bodies have kindly undertaken to co-operate with the Committee in carrying on the work of the Enquiry.

(*i*) The British College of Obstetricians and Gynæcologists has circularised its Fellows and Members inviting them to undertake individual researches, the expenses of which will be defrayed by the Joint Council of Midwifery. Four members of the College have responded to date, and other applications are anticipated.

(*ii*) The Association of County Medical Officers of Health has approached its Members with a view to enlisting their assistance in the initiation of enquiries through the Public Health Services in County Areas.

(*iii*) The Society of Medical Officers of Health has assisted very materially in the arrangements for the initiation of the enquiries in 14 large Urban areas, described below.

(*iv*) Information relating to the existing legal position, and to the effects of legislation under consideration by the Committee has been supplied by the Medico-Legal Society through its representative, Mr. Bentley Purchase, and has proved of great assistance.

(*v*) The Association of Inspectors of Midwives has circulated a questionnaire to its Members and has obtained certain information relating to 3,305 cases of abortion, which has been reported to the Committee. (See Part II, Appendix F.)

(*vi*) The Midwives' Institute has reported to the Committee the results of an enquiry into the incidence of abortion carried out by a questionnaire circulated to all Members of the Institute in 1934. (See Part II, Appendix G.)

(*vii*) The Queen's Institute of District Nursing has made a report giving particulars relating to 5,042 cases of abortion nursed by the staff of certain Nursing Associations affiliated to the Institute in recent years. (See Part II, Appendix E.)

(*viii*) The material prepared by the National Council of Women of Great Britain for the deputation which waited upon the Minister of Health on February 11th, 1936, has been supplied to the Committee, in confidence, and has proved of great assistance.

(2) *Local Authorities which are co-operating in the work of the Enquiry.*

A detailed questionnaire has been prepared by the Committee,* which has been adopted and is in use by the Medical Staffs of 20 Authorities and 6 Public Hospitals in England, and 2 Authorities in Scotland, which have been good enough to undertake enquiries in co-operation with the Committee. The following Public Authorities are assisting the Committee in this way :—

*Copy annexed in Part II.

ENGLAND AND WALES

The London County Council :—
St. James' Hospital.
Mile End Hospital.
St. Alfege's Hospital.
St. Mary Abbotts Hospital.
Hackney Hospital.
Hammersmith Hospital.

---

The County Borough of Blackburn.
The City of Bradford.
The City of Cardiff.
The City of Coventry.
The Royal Borough of Kensington.
The City of Leicester.
The City of Liverpool.
The County Borough of Merthyr Tydfil.
The City of Nottingham.
The City of Plymouth.
The City of Portsmouth.
The Urban District of Rhondda.
The City of Sheffield.
The City of Southampton.

The County of Essex.
" " " Hertford.
" " " West Sussex.
" " " Oxford.
" " " Norfolk.
" " " Northampton.

SCOTLAND.

The City of Dundee.
The City of Glasgow.

(3) *External Organisations which are co-operating in the work of the Enquiry.*

(*i*) Professor Davidson and the Staff of the Rotunda Hospital, Dublin, have kindly undertaken to make an enquiry in the area served by the Hospital on the same lines and using the same questionnaire as the Local Authorities referred to above.

(*ii*) The National Birth Control Association has kindly promised to undertake similar enquiries through the clinics affiliated to the Association in numerous parts of the country.

(*iii*) The Abortion Law Reform Association has been good enough to supply certain information, particularly concerning the legal position in relation to abortion and its estimated prevalence in different countries.*

(*iv*) Mr Burge of the International Labour Office has obtained material relating to the position in foreign countries.* (See Part II, Appendix I.)

Information and assistance has also kindly been given to the Committee by the following organisations and individuals :—

(*v*) The Industrial Health Research Board.
(*vi*) The Industrial Medical Officers' Association.
(*vii*) The Association of Women Public Health Officers.
(*viii*) The Population Investigation Committee of the Eugenics Society.
(*ix*) The Advertising Association.
(*x*) The National Council for the Unmarried Mother and Her Child.
(*xi*) The Salvation Army.

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*The greater part of this material, owing to delay in translation, has not yet been considered by the Committee, and is, therefore, not included in Appendix I, but will be appended to the Final Report.

Dr. Margaret Balfour, M.D., F.C.O.G., C.B.E.
(Formerly Chief Medical Officer, Women's Medical Service, India.)
Dr. Roubakine, of Paris.
(Formerly attached to the League of Nations Secretariat, and author of many works on the subject of abortion, including " L'inégalité humaine devant la mort et la maladie.")
Dr. Joan Malleson, M.B., B.S., M.R.C.S., L.R.C.P.
(Recently returned from a tour of investigation into abortion in the U.S.S.R.)

Certain other persons have been good enough to supply detailed information with regard to methods of advertising and practising illegal abortion in different parts of the country.

The thanks of the Committee are also due to Mr. W. Penman, the Actuary of the Atlas Assurance Company for his kind assistance and advice in the preparation of the questionnaire, and to Members of his Staff who have assisted in the preparation of the Table set out in Part II, Appendix A. Also to Messrs. Rees and Freres, who have advised upon certain legal points considered by the Committee.

(4) *Members of the Committee who have submitted Memoranda.*

Memoranda dealing with various aspects of the question of abortion were submitted for the consideration of the Committee by the following Members :

Proposals for the Compulsory Notification of Termination of Pregnancy.*
Sir Comyns Berkeley, M.A., M.D., M.C. (Cantab.), F.R.C.P., F.R.C.S., M.M.S.A. (HON.), F.C.O.G.
Advertising of Abortifacients.
The Lady Ruth Balfour, M.B., B.S.
Criminal matters.†
W. Bentley Purchase, Esq., M.C., M.A., M.B., and
J. M. Webster, Esq., M.A., B.SC., M.B., F.R.C.S. (Edin.)
Legal matters.
Arthur Moon, Esq., K.C.
Sale of Abortifacients.‡
H. Linstead, Esq., Ph. C., Barrister-at-Law.
Police matters.
Sir Leonard Dunning, Bart.
Separation of Deaths following Abortion from Maternal Deaths.
The Lady Ruth Balfour, M.B., B.S.

## 2. REPORT ON THE PRESENT LEGAL POSITION RELATING TO ABORTION IN ENGLAND AND WALES

### (1) EXISTING STATE OF LAW.

In English Law to procure an abortion unlawfully is a Common Law Felony (whether committed by the woman herself or by any other person) and is so declared by the Offences against the Person Act of 1861. In determining whether the act is unlawful or not, the statute gives no assistance, nor is there any case law of importance. The unlawfulness or otherwise rests on the practice of the criminal courts and of the judges and juries who

*Summary of this Memorandum contained in Appendix H.
†Contained in Part II, Appendices B and C.
‡Extracts contained in Part II, Appendix D.

have tried such cases, and the Committee is advised that it would be accepted as law in the criminal courts that an abortion procured for therapeutic reasons is not " unlawful." When the felonious act results in the death of the woman the offence becomes murder, or at least manslaughter.

Unlawfully to supply or procure for use by the woman or other persons drugs or implements for the purpose of procuring abortion is a misdemeanour by the same statute and the lawfulness or unlawfulness of the act is again largely a matter of the practice of the courts, though on this point there are several reported decisions of authority. When the abortion results in death the offence may be manslaughter.

(2) PRESENT POSITION WITH REGARD TO THE ENFORCEMENT OF THE LAW.

(*a*) *Statistical Position.*

From the Registrar-General's returns (Table 81)[1] it appears that the deaths from abortion (as listed under International Numbers 140 and 141 or the subject of a coroner's inquest) have been as follows :—

| | 1928 | 1929 | 1930 | 1931 | 1932 | 1933 | 1934 | 1935 |
|---|---|---|---|---|---|---|---|---|
| Deaths from abortion the subject of a coroner's inquest... | 57 | 67 | 67 | 79 | 69 | 85 | 100 | 94 |
| Other deaths from abortion (140 & 141) | 348 | 356 | 424 | 347 | 379 | 378 | 394 | 353 |
| Total attributed to abortion | 405 | 423 | 491 | 426 | 448 | 463 | 494 | 447 |

Statistics which have been before this Committee* show that in an area of London with a population of 900,000, over a period of 6 years the deaths reported to the coroner were as follows :—

| | |
|---|---|
| Total deaths reported in six years ... ... ... | 12,300 |
| Number of deaths from natural abortion ... ... | 12 |
| Number of deaths from induced abortion : | |
| (*a*) Therapeutic ... ... ... ... | 2 |
| (*b*) Non-therapeutic ... ... ... ... | 48 |
| | 62 |

Average deaths from abortion per annum, 10·3.

Of the 62 cases, 44 cases were of married women living with their husbands. The coroner's court found verdicts as follows :—

| | *No. of Cases.* |
|---|---|
| Murder ... ... ... ... ... ... | 6 |
| *Felo de se* ... ... ... ... ... ... | 3 |
| Self-induced abortion ... ... ... ... | 7 |
| Manslaughter ... ... ... ... ... | 1 |
| Natural causes ... ... ... ... ... | 12 |
| Open verdicts ... ... ... ... ... | 33 |

*See Part II, Appendix B.

1. Statistical Review of England and Wales for the year 1934 (Text) p.1 23, 1935 figure obtained from Statistical Review, 1935 (Tables, Part I, Medical), Table 6, p. 21 and Table 25, p. 342.

Five prosecutions followed and resulted in one conviction of manslaughter, two of other abortion offences, and none of murder.

The law is comparatively seldom enforced because of the difficulty of obtaining the necessary evidence and the lack of public support, owing to sympathy with the woman and often even with the abortionist. This difficulty is inherent, as the whole of the proceedings resulting in, or intended to result in an illegal abortion are clandestine up to the point when the woman, owing to serious ill-health, is admitted into hospital or consults a medical practitioner or midwife who is not a party to the offence, and when this happens any information given by the woman is supplied, usually, under a pledge of secrecy not to betray her. At present, only when the case is reported to the coroner is the matter likely to come to the knowledge of the police.

The criminal statistics show that in the 12 years from 1922 to 1933, the cases of procuring abortion known to the Police and tried at Assizes and Quarter Sessions, taking the annual average, were as follows :—

| | |
|---|---|
| Total cases known to police ... ... ... | 72 |
| Tried at Assizes... ... ... ... ... | 43 |
| | (13 men, 30 women) |
| Convicted at Assizes ... ... ... ... | 34 |
| Tried at Quarter Sessions in 12 years, 1922-1933 | 18 |
| | (13 men, 5 women) |
| Convicted at Quarter Sessions ... ... | 14 |

*(b) Position with regard to Prosecutions.*

The present position as to cases being reported to the coroner is governed by the general law that any violent or unnatural death should be reported to him by those about the deceased, and, in particular as regards abortion, by rules made by the Registrar-General.

Any death which appears to a Registrar of Deaths from the contents of the medical certificate, to have been due (*inter alia*) to abortion, or which he has any reason to believe to have been unnatural, or directly or indirectly caused by any sort of accident, violence or neglect, or to have been attended by suspicious circumstances, or the cause of which appears to be unknown, is reported by the Registrar to the coroner.* Cases, however, do undoubtedly occur in which doctors word certificates in such a way that the inserted cause of death does not indicate that abortion has taken place, and Registrars are not able to refer such cases to the coroner.

There is no legal necessity for the coroner to do more than enquire; he need not even order a post-mortem examination, and is not bound to hold an inquest; if he is not medically qualified, but has had a *post-mortem* examination made, he may find himself having to consider whether any further action is necessary, and without medical knowledge, he may find this difficult. The recent Departmental Committee on Coroners recommended that *post-mortem* examinations should be held more frequently and should be conducted by persons specially skilled.

At the present moment, the only official enquiries into death following abortion are those made for the coroner by his officer, and these may not suffice to disclose all the facts. Even when the police have information in their possession this may be insufficiently clear to enable further action to be taken. In view of the number of deaths which occur annually from this

*Registration (Births, Stillbirths, Deaths and Marriages) Consolidated Regulations, 1927 (Stat. Rules and Orders, 1927, No. 485) Rule 75.

cause it appears desirable that some effective enquiry should be made into each case.

(*c*) *Position with Regard to the Sale of Abortifacients.*

The supplier of abortifacients is not liable to conviction under Sections 58 and 59 of the Offences Against the Person Act unless it can be shown that the thing supplied was noxious or that he knew that it was intended to be employed to procure miscarriage. It is not easy to show this, since the majority of preparations are stated to be prepared for the treatment of menstrual irregularities and are sold ostensibly for that purpose. The lack of a comprehensive statutory prohibition of the advertising of medicines in terms suggesting that they may have abortifacient properties was commented upon by the Select Committee on Patent Medicines, in their report to the House of Commons in 1914. The Committee said : " The trade in abortifacient medicines is one of the most deplorable aspects of the secret remedy trade. Innumerable cures for ' female irregularities ' are advertised. A few of these are poisons and have caused death, whilst most of them are wholly inactive for the purpose for which they are sold. Indeed, it cannot be too widely realised that no drug is known which can force the womb to expel its contents, and that nothing can endanger the life of an unborn child except by endangering in an equal degree the life of the mother." They recommended " that all advertisements likely to suggest that a medicine is an abortifacient be prohibited." There has not been any legislation on the lines recommended by the Select Committee, although several bills have been introduced. The most recent was the Medicines and Surgical Appliances (Advertisement) Bill which was " counted out " in the House of Commons on February 7th, 1936. The Bill made it an offence, in connection with the sale or supply or offer for sale or supply of a medicine to hold out whether directly or by implication, that the medicine is effective for the cure of amenorrhœa or for procuring the miscarriage of women.

The restrictions imposed on the sale of poisons by the Pharmacy and Poisons Acts have been the most effective legislative provisions for curbing the sale of abortifacients. For example, the Select Committee of 1914 drew attention to the widespread sale of lump lead plaster as an abortifacient. It was added to the Schedule of Poisons and although still occasionally demanded, its sale to the public is, for practical purposes, dead. Of the drugs at present in demand presumably for use as abortifacients, ergot, lump lead plaster and oil of savin are in the First Schedule to the Poisons Rules, 1935. When sold to the public, otherwise than on prescription, the supplier must make an entry in his Poisons Register, which must be attested by the signature of the purchaser, who must state the purpose for which the substance is required.

At the request of the Committee, extensive enquiries were undertaken during January, 1937, by nine experienced persons, to ascertain what are the drugs and preparations regarded as abortifacients in different parts of Great Britain. A summary of their reports is attached (see Part II, Appendix D). In addition, 22 preparations, sold ostensibly for the relief of amenorrhœa, were purchased in order to ascertain what claims of therapeutic efficiency were made. These enquiries show that there is little indication on labels or printed matter to suggest that the preparations are abortifacient. No direct indication was found on the labels or in the literature accompanying these preparations to suggest that they are intended for more than the treatment of menstrual irregularities unconnected with pregnancy. It appears from formulae on labels that the principal ingredients are purgatives such as aloes, essential oils such as parsley, pennyroyal and cajeput and such substances as iron, canella, soap and myrrh. Information

obtained indicates that there exists, in many cases, a system of following up the sale of such remedies almost immediately after their purchase, by literature sent through the post advocating the purchase of additional and morecostly remedies in " exceptional " cases.

An analysis of three types of pill sold by one firm was undertaken for the purposes of this enquiry. The ingredients found are probably typical of those contained in the general run of such products. The three sets of pills examined were coated (1) black, (2) white and (3) gold. Forty-eight white pills were sold for 3s., 24 black and 48 gold together for 20s. The three pills were substantially the same, and in the opinion of the medical members of the Committee, did not contain any substance capable of producing abortion other than by their generally poisonous effect upon the mother if taken in sufficiently large doses. The wholesale price for any of these pills would be about 8d. per gross, the cost price of the contents of the 20s. parcel being thus about 5d.

The Committee is impressed by the damage to health which can be caused by some of the drugs consumed by women in an effort to produce abortion. The special danger arises from the fact that there are no drugs which are certain to cause abortion and as a result of this it often happens that some drugs are taken in such doses as are calculated to cause death or severe injury to health. It is thus obvious that the elimination of the trade in abortifacients would arrest a cruel exploitation of the mental suffering of the section of the community for which it caters, and would, at the same time, prevent much ill health, and some deaths.

(*d*) *Illegal Operations.*

The principal evidence before the Committee with regard to illegal operations, other than that already published in medical journals and publications, is contained in two reports giving details of 62 cases occurring in the North London District, and of 57 deaths in Sheffield. (See Part II, Appendices B, C.)

From these reports and from other information received, it appears that the performance of illegal operations is widespread and that the ill-effects upon the health of women produced by clandestine induction of abortion, whether performed by abortionists or self-induced, are grave.

### (3) ECONOMIC AND SOCIAL ASPECTS.

The questionnaire issued by the Committee contains questions designed to elicit replies relating to the bearing of economic and social conditions upon the incidence of abortion. Pending the receipt of these replies, the Committee has given no consideration to the economic aspect of the problem.

## III. RECOMMENDATIONS

In accordance with the terms of reference, the Committee has considered proposals which might usefully be adopted in this country both by administrative action under the existing law, and by new legislation with a view to minimising the number of induced abortions.

A series of proposals has been considered, and seven resolutions relating to them have been passed and are now submitted for the consideration of the Council.

The evidence suggests that the sale of abortifacients and the introduction of patients to abortionists have become part of an organised and lucrative traffic all over the country and especially in certain areas, and that concerted efforts on the part of all Departments concerned, local authorities and medical

and nursing organisations will be required, in addition to a campaign to enlighten public opinion with regard to the extent of the evil, if progress is to be made in its abolition.

In view of the situation revealed by the investigation referred to on p. 10, the following Resolutions have been passed by the Committee :—

(1) " The Committee is of opinion that general ignorance exists concerning the dangers of abortion, in many cases to the life of the mother and in all cases to her health, and that active steps should be taken to enlighten the public on this grave problem."

(2) " The Committee is of opinion that the supply of slippery elm bark and essential oils of pennyroyal and parsley should be restricted in the same manner as the supply of lump lead plaster."

(3) " The Committee is of opinion that the amendment of the Offences against the Person Act, 1861, by the omission of the word " noxious " in Sections 58 and 59 would materially assist the successful prosecution of offenders."

(4) " The Committee is of opinion that the Minister of Health should be urged to give effect to the recommendation from the Select Committee on Patent Medicines of 1914, ' That all advertisements likely to suggest that a medicine is an abortifacient be prohibited. ' "

## (5) NOTIFICATION OF THE TERMINATION OF PREGNANCY.

The most important proposal which has been considered by the Committee for dealing with the problem is that of the compulsory notification of all abortions, whether spontaneous or induced, to the Medical Officer of Health of the Area. This could conveniently be effected by legislation on the lines of the Notification of Births Act.

The Committee has taken into consideration the objections raised to this proposal in the Report of the British Medical Association on the Medical Aspects of Abortion (July, 1936) and has also considered the fears expressed by certain Members that the compulsory notification of the termination of pregnancy may tend to deter those suffering from the effects of abortion from seeking medical aid. The advantages of the proposal, however, have appeared to the Committee to outweigh any disadvantages which may arise in this way.

The advantages of adopting this course are fourfold :—

(1) It would provide additional information concerning the incidence of abortion.

(2) If the duty were laid upon medical practitioners, nurses, and midwives to notify all cases of abortion, just as all cases of birth or of tuberculosis or of scarlet fever are notified to the Medical Officer of Health of the area in the interest of public health, the risk of abusing the confidence of the patient, which at present deters medical practitioners and hospital staffs from notifying the police authorities in cases of criminal abortion which come under their care would be removed.

(3) The Medical Officer of Health would be guided by the statistical information which would thus come under his notice as to the localities in which abortion was prevalent. This information should be available to the police authorities if required by them. It is believed that the knowledge that such information could ultimately reach the police authorities in this way would represent a very important deterrent to the abortionist.

(4) It is believed that earlier intimation of the occurrence of an abortion, from whatever cause, would enable steps to be taken to remove the patient

to hospital in serious cases, at an earlier stage of her illness and that lives would thus be saved. In course of time, it would be found possible to organise a follow-up system in cases of abortion similar to that which has proved so effective in the case of childbirth, and thus to assist in averting the very serious disabilities which are liable to follow those cases in which insufficient care is given to patients following abortion.

It has been brought to the attention of the Committee that difficulty is experienced in some districts in obtaining hospital accommodation for patients suffering from abortion or threatened abortion, and that no provision is made in many areas for the services of a consultant to be available in serious cases.

The Committee considers that the more general provision by Local Authorities of adequate hospital accommodation for such patients, and, whilst in their own homes, of the services of a midwife and if necessary, of a consultant, is urgently required, as some deaths appear to result from the existing lack of adequate facilities for the treatment of cases of abortion. It is believed that any feeling of opposition on the part of the patient towards notification would be counteracted if it were generally understood that this assistance would be available upon notification of the case.

The following Resolution has accordingly been passed by the Committee :—

> " That this Committee is of opinion that the duty of notifying to the Medical Officer of Health of the area all cases of abortion which come to their notice in the course of their practice should be laid upon all registered medical practitioners, State-certified midwives and State-registered nurses.
>
> " It is further recommended that the records kept by the Medical Officer of Health with regard to abortions taking place within his area, should be treated as confidential, except that access may be had to them by the Chief Constable of the area or his official representative.
>
> " It is further recommended that Local Authorities should be urged to make arrangements under the Maternity and Child Welfare Act, 1918, for the payment of the fees of a consultant, when required in necessitous cases, and for the services of a midwife and for adequate hospital accommodation to be made available for patients suffering from the effects of abortion or of threatened abortion."

## (6) THERAPEUTIC ABORTION.

The proposals of the Committee of the British Medical Association on the Medical Aspects of Abortion* concerning the desirability of defining the law with regard to the performance of abortions by registered medical practitioners, under suitable conditions and for purely therapeutic reasons, have been considered by the Committee.

The advantages of this proposal appear to be considerable, in view of the protection which would be afforded, in proper cases, to the medical profession thereby, but this consideration does not fall within the terms of reference of this Committee. An additional advantage is the important effect upon public opinion which would be likely to result from the relegation of all induced abortion not approved by the medical profession to a category clearly recognised as dangerous as well as illegal.

The following Resolution has accordingly been passed :—

> " The Committee is of opinion that, subject to special provisions

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*Report of the Committee on Medical Aspects of Abortion, British Medical Association, July, 1936.

being made to deal with cases of emergency, a registered medical practitioner should not terminate a pregnancy for therapeutic reasons without communicating with and obtaining the concurrence of a second practitioner whose name appears upon a list of consultants of recognised standing in the medical profession."

" It is further recommended that this list of consultants should be compiled by the Minister of Health or other appropriate authority, having due regard to the needs of each individual area and to the need for the inclusion of specialists in several branches of medicine and surgery to advise in special cases.

" It is further recommended that Local Authorities should be urged to make arrangements under the Maternity and Child Welfare Act, 1918, for payment of fees of consultants in such cases."

## (7) SEPARATION OF DEATHS FOLLOWING ABORTION FROM MATERNAL DEATHS

In the Registrar-General's Annual Statistical Review (Tables, Part I, Medical) in Tables 6 and 7, Section XI, under the heading " Diseases of Pregnancy, Childbirth and the Puerperal State," appear 11 classifications of causes of maternal deaths, and these are numbered respectively 140 to 150 in the International List of Causes of Death. The number of deaths falling under each classification is given in Table 6, and the death-rates attributable to the same puerperal causes in Table 7.

The deaths in this group exclude those which were only in part attributable to pregnancy. These are described by the Registrar-General as " not classed to pregnancy and childbearing but returned as associated therewith," and are included only under that heading which contains the primary cause of the death. In the Text Review the Registrar-General extracts these deaths, and they appear in Table 79.*

Deaths due to abortion which have been the subject of a coroner's inquest, and have been found to be deliberately procured, or in which an open verdict has been returned, are likewise excluded from this Section, which reads as follows for the year 1928 to 1935 :—†

| 1928 | 1929 | 1930 | 1931 | 1932 | 1933 | 1934 | 1935 |
|---|---|---|---|---|---|---|---|
| 4·25 | 4·16 | 4·22 | 3·95 | 4·04 | 4·32 | 4·41 | 3·94 |

It is clear that these figures do not reflect the true position, as they include all deaths due to, or associated with abortion (other than criminal abortions which have been the subject of a coroner's inquest) whereas the rates are calculated in relation to total births, and not to total pregnancies. The inclusion of deaths following abortion in the maternal death-rates tends to exaggerate the dangers of childbirth in the public mind, and any improvement in the maternal death-rate from causes which the progress of medical science is tending to remove may go unobserved under the existing system. The extent of the risk involved by abortion is also obscured by this method of presenting the figures.

If the deaths under 140 and 141 are excluded from the figures set out above, the maternal death-rates for the years 1928-1935 would be altered to read :—

| 1928 | 1929 | 1930 | 1931 | 1932 | 1933 | 1934 | 1935 |
|---|---|---|---|---|---|---|---|
| 3·74 | 3·63 | 3·59 | 3·42 | 3·45 | 3·70 | 3·78 | 3·37 |

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*See Statistical Review for year 1934 (Text) p. 121.

†See Statistical Review for year 1935 (Tables) p. 35. Rates are per 1,000 total births.

The Registrar-General, in his Text Review for 1934 gives the proportion of the maternal death-rate in the Boroughs of England and Wales, which is attributable to abortion, as 1 in 5* (20 per cent.).

Alteration of the classification of causes of death can only be made by international agreement, and these will be reviewed in 1940.

The following Resolution has accordingly been passed by the Committee :—

" The Committee is of opinion that the presentation of figures relating to deaths from ' Diseases of Pregnancy, Childbirth and the Puerperal State ' should be revised in order to distinguish deaths due to abortion from other deaths in this category and that the need for this reclassification should be urged at the next International Meeting with a view to obtaining the universal adoption of this change.

" It is further recommended, pending a change in the international classification, that

(*a*) " The Registrar General be asked to insert between the International List numbers 141 and 142, a number representing the total deaths listed under numbers 142 to 150 inclusive.

(*b*) " The Chief Medical Officer of the Ministry of Health be asked to separate in all future returns the abortion death-rates included under International List numbers 140 and 141 from the maternal death-rates included under International List numbers 142 to 150."

(*c*) " The Chief Medical Officer of the Ministry of Health be asked to place in proximity in his Annual Report the total number of deaths ascribed to both intentional and unintentional abortion, and thus enable the extent and trend of deaths from abortion to be easily ascertained.

## IV. SUMMARY OF RECOMMENDATIONS.

This Committee is of opinion :—

(1)

That general ignorance exists concerning the dangers of abortion, in many cases to the life of the mother and in all cases to her health, and that active steps should be taken to enlighten the public with regard to this grave problem. Page 12.

(2)

That the supply of slippery elm bark and the essential oils of pennyroyal and parsley should be restricted in the same manner as the supply of lump lead plaster. Page 12.

(3)

That the amendment of the Offences against the Persons Act, 1861, by the omission of the word " noxious " in Sections 58 and 59 would materially assist the successful prosecution of offenders. Page 12.

(4)

That the Minister of Health should be urged to give effect to the recommendation from the Select Committee on Patent Medicines of 1914, " That all advertisements likely to suggest that a medicine is an abortifacient be prohibited." Page 12.

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*Statistical Review for year 1934 (Text) p. 129.

(5)

That the duty of notifying to the Medical Officer of Health of the area all cases of abortion which come to their notice in the course of their practice should be laid upon all registered medical practitioners, State-certified midwives and State-registered nurses.

It is further recommended that the records kept by the Medical Officer of Health with regard to abortions taking place within his area should be treated as confidential, except that access may be had to them by the Chief Constable of the area or his official representative.

It is further recommended that Local Authorities should be urged to make arrangements under the Maternity and Child Welfare Act, 1918, for payment of the fees of a consultant when required in necessitous cases, and for the services of a midwife and for adequate hospital accommodation to be made available for patients suffering from the effects of abortion or of threatened abortion. Page 12.

(6)

That, subject to special provisions being made to deal with cases of emergency, a registered medical practitioner should not terminate a pregnancy for therapeutic reasons without communicating with, and obtaining the concurrence of, a second practitioner whose name appears upon a list of consultants of recognised standing in the medical profession. This list of consultants should be compiled by the Minister of Health or other appropriate authority, having due regard to the needs of each individual area and to the need for the inclusion of specialists in several branches of medicine and surgery to advise in special cases.

It is further recommended that Local Authorities should be empowered to make provision on the lines laid down in the Maternity and Child Welfare Act, 1918, for the payment of the fees of such consultants in necessitous cases. Page 13.

(7)

That the presentation of figures relating to deaths from " Diseases of Pregnancy, Childbirth and the Puerperal State," should be revised in order to distinguish deaths due to abortion from other deaths in this category and that the need for this reclassification should be urged at the next International Meeting with a view to obtaining the universal adoption of this change.

It is further recommended, pending a change in the international classification, that

(*a*) " The Registrar-General be asked to insert between the International List numbers 141 and 142, a number representing the total deaths listed under numbers 142 to 150 inclusive.

(*b*) " The Chief Medical Officer of the Ministry of Health be asked to separate in all future returns the Abortion Death Rates included under International List numbers 140 and 141 from the Maternal Death Rates included under International List numbers 142 to 150.

(*c*) " The Chief Medical Officer of the Ministry of Health be asked to place in proximity in his Annual Report the total number of deaths ascribed to both intentional and unintentional abortion, and thus enable the extent and trend of deaths from abortion to be easily ascertained."

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